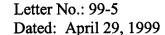
DEPARTMENT OF HEALTH SERVICES

\ 3rd Street, Room 100 ... BOX 942732 SACRAMENTO, CA 94234-7320 (916) 322-1086





TO ALL COUNTY MEDICAL SERVICES PROGRAM WELFARE

DIRECTORS

SUBJEC REVISED 1999 CMSP ELIGIBILITY MANUAL

The purpose of this All County Letter is to announce the availability of the newly revised 1999 County Medical Services Program (CMSP) Eligibility Manual. On April 22, 1999, the CMSP Governing Board approved the Manual for distribution. Please be advised that the CMSP will provide one Manual for each CMSP eligibility worker and CMSP eligibility supervisor. Each County must complete the attached form indicating the number of Manuals requested and where they should be shipped. CMSP will only provide multiple copies of the Manual this one time.

After the initial distribution, each county will be required to reproduce any additional Manuals for new staff. Upon receipt of the revised Manual, counties are directed to destroy/recycle the previous version. As revisions to this Manual become necessary, CMSP will send <u>one</u> copy of the revised pages to each county welfare director for reproduction and distribution within the county.

The CMSP would like to acknowledge the efforts of county staff which participated in the Manual revision work group, providing expertise, valuable suggestions, and clarifications which went into this product. Specifically, the CMSP and the Governing Board would like to thank Ms. Kim Seamans, Sonoma County Human Services Department; Ms. Beverly Binkier, Colusa County Department of Health and Human Services; and Ms. Sally West, El Dorado County Department of Social Services.

If you have any questions concerning the Manual or the ordering of copies, please direct them to Gary Varner, of the CMSP Unit, at (916) 322-1613.

Linda McFarland, Chief

County Medical Services Program

Turka Mc Farland & Brush

Enclosure

CMSP 1999 ELIGIBILITY MANUAL ORDER FORM

COUNTY:	DATE:
PLEASE SEND COPI ELIGIBILITY MANUAL TO:	ES OF THE REVISED 1999 CMSP
Name of Person Complet	ING ORDER:
TELEPHONE NUMBER:	
MAIL THIS FORM TO:	COUNTY MEDICAL SERVICES PROGRAM ATTN: GARY VARNER 1800 3 RD STREET, ROOM 100 P.O. BOX 942732 SACRAMENTO, CA. 94234-7320
	OR

FAX THIS FORM TO: (916) 323-3350